

# DAILY REPORT FORM

| NUMBER OF STUDENT CONTACTS:       | MON | TUES | WED | THU | FRI | TOTAL |
|-----------------------------------|-----|------|-----|-----|-----|-------|
| Academic                          |     |      |     |     |     |       |
| Career Development                |     |      |     |     |     |       |
| Personal/Social                   |     |      |     |     |     |       |
| <b>SCHOOL CONTACTS</b>            |     |      |     |     |     |       |
| Teacher (Program)                 |     |      |     |     |     |       |
| Teacher (Students)                |     |      |     |     |     |       |
| Other Student Person Workers      |     |      |     |     |     |       |
| Referral Agencies                 |     |      |     |     |     |       |
| Administration                    |     |      |     |     |     |       |
| Parents                           |     |      |     |     |     |       |
| <b>OTHER ACTIVITIES:</b>          |     |      |     |     |     |       |
| Group Meetings                    |     |      |     |     |     |       |
| Students Tested                   |     |      |     |     |     |       |
| Contacts with Grads               |     |      |     |     |     |       |
| Contacts with Dropouts            |     |      |     |     |     |       |
| Contacts with Adults              |     |      |     |     |     |       |
| Contacts with colleges & industry |     |      |     |     |     |       |
| Meetings                          |     |      |     |     |     |       |
| Other                             |     |      |     |     |     |       |

| ANNUAL REPORT<br>FY' _____  |       |
|---|-------|
| DUE: May 31st   |       |
| NUMBER OF STUDENT CONTACTS:   | TOTAL |
| Academic  |       |
| Career Development  |       |
| Personal /Social  |       |
| <b>SCHOOL CONTACTS:</b>   |       |
| Teacher (Program)   |       |
| Teacher (Students)  |       |
| Other Student Person Workers  |       |
| Referral Agencies   |       |
| Administration  |       |
| Parents   |       |
| <b>OTHER ACTIVITIES:</b>  |       |
| Group Meetings  |       |
| Students Tested   |       |
| Contacts with Grads   |       |
| Contacts with Dropouts  |       |
| Contacts with Adults  |       |
| Contacts with colleges & industry   |       |
| Meetings  |       |
| Other   |       |
| <b>NARRATIVE:</b> (Attach a narrative to describe the activities completed in addition to those identified in the program of work. Also, briefly summarize highlights that have added to the success of your program this year. |       |

Submit annual report and advisory committee report form and minutes including recommendations to continue the counseling program for the following school year.

You may access this form from:

<http://www.nd.gov/cte/secondary/programs/career-dev/forms.html>

You may email form to: [alea@nd.gov](mailto:alea@nd.gov) or fax to: 701-328-1255